

REQUEST FOR HEARING

If you object to garnishment of your wages for the debt described in the notice, you can use this form to request a hearing. **Your request must be in writing and mailed or delivered to the address below.**

Your Name: _____ SSN: _____

Address: _____

Telephone: _____

Employer: _____

Address: _____

Telephone: _____

Beginning Date Of Current Employment: _____

() CHECK HERE if you object on the grounds that garnishment in amounts equal to **15%** of your disposable pay would cause financial hardship to you and your dependents. (To arrange voluntary repayment, contact customer service at the number below.)

You must complete either the enclosed **FINANCIAL DISCLOSURE FORM** or a Financial Disclosure Form of your choosing to present your hardship claim. You must enclose copies of earnings and income records, and proof of expenses, as explained on the form. If your request for an oral hearing is granted, you will be notified of the date, time, and location of your hearing. If your request for an oral hearing is denied, the Department will make its determination of the amounts you should pay based on a review of your written materials.

NOTE: You should also state below any other objections you have to garnishment to collect this debt at this time.

NOTE: IT IS IN YOUR INTEREST TO REQUEST COPIES OF ALL DOCUMENTATION HELD BY THE DEPARTMENT BY CALLING THE CUSTOMER SERVICE NUMBER LISTED ON THE ENCLOSED NOTICE PRIOR TO COMPLETING A REQUEST FOR HEARING.

I. HEARING REQUEST (Check ONLY ONE of the following)

() I want a written records hearing of my objection(s) based on the Department's review of this written statement, the documents I have enclosed, and the records in my debt file at the Department.

() I want an in-person hearing at the Department hearing office to present my objection(s). I understand that I must pay my own expenses to appear for this hearing.

I want this In-Person hearing held in: ____ Atlanta, GA, ____ Chicago, IL, ____ San Francisco, CA. (Check the location you wish for the hearing.)

() I want a hearing by telephone to present my objections. (You must provide a daytime telephone number at which you can be contacted between the hours of 8:00 am to 4:00 pm, Monday through Friday.) I can be reached at: () _____ - _____

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II. IF YOU WANT AN IN-PERSON OR TELEPHONE HEARING, YOU MUST COMPLETE THE FOLLOWING:

The debt records and documents I submitted to support my statement in Part III do not show all the material (important) facts about my objection to collection of this debt. I need a hearing to explain the following important facts about this debt: (**EXPLAIN** the additional facts that you believe make a hearing necessary on a separate sheet of paper. If you have already fully described these facts in your response in Part III, **WRITE HERE** the number of the objection in which you described these facts _____.)

Note: If you do not request an in-person or telephone hearing, we will review your objection based on information and documents you supply with this form and on records in your loan file. We will provide an oral hearing to a debtor who requests an oral hearing and shows in the request for the hearing, a good reason to believe that we cannot resolve the issues in dispute by reviewing the documentary evidence. An example is when the validity of the claim turns on the issue of credibility or veracity.

III. Check the objections that apply. EXPLAIN any further facts concerning your objection on a separate sheet of paper. ENCLOSE the documents described here (if you do not enclose documents, the Department will consider your objection(s) based on the information on this form and records held by the Department).

For some objections you must submit a completed application. Obtain applications by contacting Customer Service at the number below, or go to the Department's Web site at: www.myeddebt.com, **select Forms, then select the application described for that objection.**

1. () I do not owe the full amount shown because I repaid some or all of this debt. (ENCLOSE: copies of the front and back of all checks, money orders and any receipts showing payments made to the holder of the debt.)
2. () I am making payments on this debt as required under the repayment agreement I reached with the holder of the debt. (ENCLOSE: copies of the repayment agreement and copies of the front and back of checks where you paid on the agreement.)
3. () I filed for bankruptcy and my case is still open. (ENCLOSE: copies of any documents from the court that show the date that you filed, the name of the court, and your case number.)
4. () This debt was discharged in bankruptcy. (ENCLOSE: copies of debt discharge order and the schedule of debts filed with the court.)
5. () The borrower has died. (ENCLOSE: Original, certified copy, or clear, accurate, and complete photocopy of the original or certified Death Certificate.) For loans only.
6. () I am totally and permanently disabled - unable to engage in substantial gainful activity because of a medically-determinable physical or mental impairment. (Obtain and submit a completed Loan Discharge Application: Total and Permanent Disability form. The form must be completed by a physician except if you are a veteran, in which case you can submit required documentation from the U.S. Department of Veterans Affairs. Refer to the application for all requirements.) For loans only.
7. () I used this loan to enroll in _____ (school) on or about ____/____/____, and I withdrew from school on or about ____/____/____. I paid the school \$_____ and I believe that I am owed, but have not been paid, a refund from the school in the amount of \$_____. (Obtain and submit a completed Loan Discharge Application: Unpaid Refund form. ENCLOSE: any records you have showing your withdrawal date). For loans only.

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8. () I (or, for parent PLUS borrowers, the student) used this loan to enroll in _____(school) on or about ____/____/____ and was unable to complete the education because the school closed. (Obtain and submit a completed Loan Discharge Application: School Closure form. ENCLOSE: any records you have showing your (or, for parent PLUS borrowers, the student's) withdrawal date.) For loans only.

9. () This is not my Social Security Number, and I do not owe this debt. (ENCLOSE: a copy of your driver's license or other identification issued by a Federal, state or local government agency, and a copy of your Social Security Card.)

10. () I believe that this debt is not an enforceable debt in the amount stated for the reason explained in the attached letter. (Attach a letter explaining any reason other than those listed above for your objection to collection of this debt amount by garnishment of your salary. ENCLOSE: any supporting records.)

11. () I (or, for parent PLUS borrowers, the student) did not have a high school diploma or GED when I (or, for parent PLUS borrowers, the student) enrolled at the school attended with this guaranteed student loan. The school did not properly test my (or, for parent PLUS borrowers, the student's) ability to benefit from the training offered. (Obtain and submit a completed Loan Discharge Application: False Certification (Ability to Benefit) form. ENCLOSE: any records you have showing your withdrawal date.) For loans only.

12. () When I borrowed this guaranteed student loan to attend _____(school), I (or, for parent PLUS borrowers, the student) had a condition (physical, mental, age, criminal record) that prevented me (or, for parent PLUS borrowers, the student) from meeting State requirements for performing the occupation for which the school training was provided. (Obtain and submit completed Loan Discharge Application: False Certification (Disqualifying Status) form. For loans only.

13. () I was involuntarily terminated from my last employment and I have been employed in my current job for less than twelve months. (Attach statement from employer showing date of hire in current job and statement from prior employer showing involuntary termination.)

14. () I believe that _____ (name of individual or other party) without my permission signed my name or used my personal identification data to execute documents to obtain this loan, and I did not receive the loan funds. (Obtain and submit a completed False Certification (Unauthorized Signature/Unauthorized Payment) discharge application or Identity Theft Certification). Enclose any records showing your withdrawal date). For loans only.

IV. I state under penalty of law that the statements made on this request are true and accurate to the best of my knowledge.

DATE: _____ SIGNATURE: _____

SEND THIS REQUEST FOR HEARING FORM TO:

US DEPARTMENT OF EDUCATION
ATTN: AWG HEARINGS BRANCH
PO BOX 5227
GREENVILLE TX 75403-5227

If you wish to arrange a voluntary agreement for payments in amounts equal to 15% of your disposable pay, do not use this form. Instead, call the Customer Service telephone number below:

U.S. Department of Education Customer Service
1-800-621-3115

Violation of any such agreement may result in an immediate order to your employer for garnishment of 15% of your disposable pay.

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U.S. Department of Education

Financial Disclosure Statement

To evaluate a hardship claim, the U.S. Department of Education (the Department) compares the expenses you claim and support against averages spent for those similar expenses by families of the same size and income as yours. The Department considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the Internal Revenue Service (IRS) from different government studies. You can find the average expense amount that the Department uses at the following Web site: www.irs.gov and then search for “Collection Financial Standards.”

- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of expenses.** Expenses may not be considered if you do not provide documents supporting the amounts claimed.
- **Disclose and provide documentation of household income.**
- Failure to provide this information and documentation may result in a denial of your claim of financial hardship.

Income

Your Name: _____ Your Social Security No.: _____

Address: _____

Phone: _____

Country: _____

Current Employer: _____ Date Employed: _____

Employer Phone: _____ Present Position: _____

Gross Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Net Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

**ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND
COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Number of dependents: _____ (including yourself)

Marital status: ☐ Married ☐ Single ☐ Divorced

Your spouse's name: _____ Spouse's SSN: _____

Gross Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Net Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND
COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other household members(s) with income: _____ **SSN:** _____

Gross Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Net Income: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND
COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other Income

Child support: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other

Alimony: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other

Interest: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other

Public assistance: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other

Other: \$ _____ Describe: _____

Please explain all deductions shown on pay-stubs:

Deductions	Amount	Reason
401K:	_____	_____
Retirement:	_____	_____
Union Dues:	_____	_____
Medical:	_____	_____
Credit Union:	_____	_____
Other:	_____	_____

Monthly Expenses

Shelter (SEND COPY OF MORTGAGE OR LEASE)

Rent/Mortgage: \$ _____ Paid to whom: _____

2nd home mortgage: \$ _____ Paid to whom: _____

Home/Renter insurance: \$ _____

Other: \$ _____ Describe: _____

Food and Household

Expenses: \$ _____

Clothing: \$ _____

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____

Gas: \$ _____

Water/Sewer: \$ _____

Garbage pickup: \$ _____

Basic telephone: \$ _____

Other: \$ _____ Describe: _____

Medical (SEND COPIES OF BILLS)

Insurance \$ _____ /per month

(Only list payments not deducted from paycheck)

Bill payments \$ _____ /per month

(Only list payments not covered by insurance)

Other: \$ _____ /per month

Describe: _____

Transportation (SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

Of cars _____

1st Car payment: \$ _____ /per month

2nd Car payment: \$ _____ /per month

Gas and oil: \$ _____ /per month

Public transportation: \$ _____ /per month

Car insurance: \$ _____ /per month

Other: \$ _____ Describe: _____

Child Care (SEND COPIES OF BILLS)

Child care: \$ _____ /per month Number of children: _____

Child support: \$ _____ /per month Number of children: _____

Other: \$ _____ /per month Describe: _____

Other Insurance: \$ _____ Describe: _____

Other Expenses (Attach a list describing expense, monthly payment and enclose bills)

Based on this Statement, I think I can afford to pay \$ _____ per month

I declare under penalty of law that the answers and statements contained herein are true and correct.

Signature _____ Date _____

Warning: 18 U.S.C. 1001 provides that “whoever...knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both”

Complete, sign, and return the requested information and documentation to:

US DEPARTMENT OF EDUCATION
PO BOX 5227
GREENVILLE TX 75403-5227

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 31 U.S.C. 3720D. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your student aid debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other Federal law, or with your consent. These uses are explained in Notice for System of Records 18-11-07, 64 FR 30166 (June 4, 1999), 64 FR 72407 (Dec. 27, 1999). We will send a copy at your request.